



MINI-GRANT APPLICATION FORM
2004/2005

COVER SHEET

Name of Requesting Organization or Individual

Telephone No.

Contact Person/Title

Contact Telephone No.

Address

Fax No.

E-Mail Address

Fiscal sponsor (if applicable)

Project Budget

\$ _____
Amount Requested

\$ _____
Total Project Budget

_____ to _____
Project Timetable

Collaborative Partners (if applicable)

Region(s) to Be Served _____ Special Population _____
(if applicable)

Number of Children 0-5 Proposed to be Served _____

Project Description (Provide a brief project description; attach additional sheet if needed)

Print name of Individual Authorized to Submit Application

Signature of Authorized Individual

Date

Submit To: First 5 Inyo County, 1351 Rocking W Dr., Bishop, CA 93514



MINI-GRANT (NARRATIVE) 2004/2005

Please answer the following questions. If using additional paper, number your responses accordingly. This Narrative is limited to a maximum of three pages. Please type or neatly print your responses

1. Give a brief history of your organization and its capacity to undertake and complete the proposed project. Include your licensing status, if applicable, and your insurance coverage.

2. State the purpose of the project and why it is needed. How does your project address the Commission's goals and objectives? Be sure to define WHO will do the work, WHERE it will take place, HOW it will be accomplished, and WHEN it will be done.

3. How many individuals do you expect to reach and/or benefit from the project? (Describe the target population, i.e. age, gender, ethnicity, other.)

4. If successful, what will be the impact of your project? How will you measure this impact? (Ask yourself; who or what is expected to change or benefit?; How much change or benefit is expected?; Where will the change occur?; When will the change occur?)

[illegible]



POLICY CONCERNING ASSETS PURCHASED WITH GRANT FUNDS

Inyo County Children and Families Commission will be referred to as "Commission" throughout this document and the recipient of the asset purchased with grant funds will be referred to as "grantee" throughout this document.

Policy:

Assets subject to this policy are property, buildings, or equipment with useful lives of three or more years. Grantee shall be responsible to maintain the asset in proper working order, excluding normal wear and tear. The Commission will track all assets for the lesser of a five-year period or until the asset is classified by the Commission as obsolete.

An asset purchased with grant funds may be acquired only for the purpose stated in the grantee's application and must be used for that purpose. Any deviation in use must be requested in writing and presented to the Commission for approval. The Commission reserves the right to require the grantee to transfer the asset to another entity if the asset is no longer needed for an approved use. If transfer is required, the Commission will issue specific written disposition instructions to the grantee.

In the event of the grantee's dissolution, the grantee shall provide the Commission an inventory of assets purchased or financed by the Commission. The Commission reserves the right to require the contractor to transfer assets to the Commission or another entity, or to pay the Commission the depreciated value of the asset.

Grantees with assets will adhere to the following procedures:

1. Supply Commission staff with a description of the asset (manufacturers name and model number) and identification and serial number.
2. Provide Commission staff with proof of purchase such as an invoice.
3. Describe in writing the condition of the asset upon receipt and the location where the asset will be used.
4. Annually certify to the Commission that grantee retains possession of the asset in the same condition in which grantee received it, normal wear and tear excepted.
5. Provide the Commission a yearly report of how the asset benefited the children it was intended to serve.

(REQUIRED)

I understand the First 5 Inyo County policy concerning assets purchased with grant funds and agree to comply with the guidelines listed above, should I be awarded funding for any asset subject to this policy.

Signature of applicant

Date

Title



AUTHORIZATION TO VERIFY LICENSING REQUIREMENT

- If applying for child care or foster care licensing related purchases, verification of licensing requirement is necessary. The purpose of this form is to authorize the Licensing Program of the County of Inyo Health and Human Services Department to verify for the Inyo County Children and Families Commission your child care or foster care licensing needs, and to confirm that pending purchases are the only outstanding needs to fulfill licensing requirements. Please sign this authorization form and mail or hand deliver to:

Inyo County Health and Human Services
Licensing Program
162-J Grove Street
Bishop, CA 93514
Ph 760/872-1727

Further documentation may be required.

(REQUIRED)

I hereby authorize the Inyo County Child Care Licensing staff to verify for the Inyo County Children and Families Commission my child care and/or foster care licensing needs, and to confirm that pending purchases are the only outstanding needs to fulfill licensing requirements.

Signature of applicant

Date

Title